



## JOB COMPLETION / CLIENT ACCEPTANCE CERTIFICATE

### Client Information

Ref No:

Company/Name: <b>NARO WIRA</b>	Contact Person: <b>Dr. Suryapayanda Laban</b>
Physical address: <b>Ngetta Zardi, Wira</b>	E-mail Address: <b>labanturyayyenda@fabos.co</b>
Site ID: <b>NO4053</b>	Telephone No.: <b>0772475123</b>
	Alternative No.:
	Designation: <b>Director of Research</b>

### Field Engineer

Vendor Name: Runway Networks Ltd	<b>Equipment Details</b>
Date: <b>7<sup>th</sup>/04/2021</b>	Type of Equipment: <b>Force 200</b>
Time in:	Model Name: <b>(E8VLO9NVNDM2)</b>
Time out:	Model Number:
	Serial No.:

### Activity

Installation	<b>Installation executed successfully</b>
Support	
Additional service	

### Acceptance

Client Remarks /Signature	Vendor Engineer Remarks /Signature	Solutions Delivery Manager Signature
<b>Installed though internet not reaching some buildings 14/04/21 <i>[Signature]</i></b>	<b>AMARA KENNETH</b> <i>[Signature]</i>	

### Billing

Start billing date:	BPA:
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Head Enterprise Solutions

Head Credit Control